

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

In Re the Marriage of:

Petitioner

and

Respondent_____
Intevenor**Affidavit of**_____
(Fill in your name)STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit signed)_____, says that:
(Your name)

1. I am the Petitioner/ Respondent (circle one) in this action:
2. I am employed by:
Employer _____
Address _____
Work Number _____ Occupation _____
Length of Employment _____ Supervisor _____
Gross Pay _____ per (circle one) Month / Week / Semi-Monthly / Bi-Weekly
3. I was previously employed by _____ for _____ years.
4. I have the following additional sources of income:
Source: _____ \$ _____ per month
Source: _____ \$ _____ per month
Source: _____ \$ _____ per month
5. There has not been a sufficient cost-of-living or other increase in my income to allow for an adjustment in my child support.
6. Copies of my tax returns and any other documentation of my income for the past three years, _____, _____ and _____ is provided to the other party of this action
(year) (year) (year)
and the county attorney as an attachment and provided to the Court Administrator.

7. I am submitting this affidavit in support of my motion to stop the cost-of-living adjustment.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

E-mail address: _____